

## Juvenile Court Notices II

### 1. Summary of Chapter 1423/84, 1019/94, 71/95

Welfare and Institutions Code Section 827, as amended by Chapter 1423, Statutes of 1984, requires school district superintendents to distribute to relevant schoolsite personnel written notices provided to them by the juvenile court system regarding pupils enrolled in their district who have been convicted of certain felonies and to destroy these notices after 12 months.

Chapter 1019, Statutes of 1994, amended Welfare and Institutions Code Section 827 to require record retention and information dissemination procedures in addition to the activities mandated by Chapter 1423, Statutes of 1984.

Chapter 71, Statutes of 1995, amended Welfare and Institutions Code Section 827 to eliminate the requirement that court records in the confidential student file be removed after 12 months.

On February 29, 1996, the Commission on State Mandates determined that Chapters 1423/84, 1019/94, and 71/95 resulted in state mandated costs that are reimbursable pursuant to Part 7 (commencing with Government Code Section 17500) of Division 4 of Title 2.

### 2. Eligible Claimants

With the exception of community colleges, any school district as defined in Government Code Section 17519 that incurs increased costs as a direct result of this mandate is eligible to claim reimbursement of these costs.

### 3. Filing Deadlines

#### A. Reimbursement Claims

A reimbursement claim is defined in GC Section 17522 as any claim filed with SCO by a school district for reimbursement of costs incurred for which an appropriation is made for the purpose of paying the claim.

An actual claim may be filed by February 15 following the fiscal year in which costs were incurred. If the filing date falls on a weekend or holiday, the filing deadline will be the next business day. Since the 15<sup>th</sup> falls on a weekend in 2009, claims for fiscal year 2007-08 will be accepted without penalty if postmarked or delivered on or before February 17, 2009. Claims filed after the deadline will be reduced by a late penalty of 10%, not to exceed \$10,000. However, initial reimbursement claims will be reduced by a late penalty of 10% with no limitation. Claims filed more than one year after the deadline will not be accepted.

Documentation to support actual costs must be kept on hand by the claimant and made available to SCO upon request as explained in Section 16 of the instructions.

#### B. Estimated Claims

Pursuant to AB 8, Chapter 6, Statutes of 2008, the option to file estimated claims has been eliminated. Therefore, estimated claims filed on or after February 16, 2008, will not be accepted by SCO.

### 4. Minimum Claim Cost

GC Section 17564(a) provides that no claim may be filed pursuant to Sections 17551 and 17561, unless such a claim exceeds one thousand dollars (**\$1,000**), provided that a county superintendent of schools may submit a combined claim on behalf of school districts within their county if the combined claim exceeds **\$1,000**, even if the individual school district's claim does not each exceed **\$1,000**. The

county superintendent of schools will determine if the submission of the combined claim is economically feasible and be responsible for disbursing the funds to each school district. These combined claims may be filed only when the county superintendent of schools is the fiscal agent for the districts. A combined claim must show the individual claim costs for each eligible school district. All subsequent claims based upon the same mandate will only be filed in the combined form unless a school district provides a written notice of its intent to file a separate claim to the county superintendent of schools and to SCO at least 180 days prior to the deadline for filing the claim.

## **5. Reimbursement of Claims**

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities.

A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations.

Declarations must include a certification or declaration stating, "I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure Section 2015.5.

Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

## **6. Audit of Costs**

All claims submitted to SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with SCO's claiming instructions and the P's & G's adopted by CSM. If any adjustments are made to a claim, a "Notice of Claim Adjustment" specifying the activity adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

Pursuant to GC Section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a claimant is subject to audit by SCO no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

On-site audits will be conducted by SCO as deemed necessary. Accordingly, all documentation to support actual costs claimed must be retained for a period of three years after the end of the calendar year in which the reimbursement claim was filed or last amended regardless of the year of costs incurred. When no funds were appropriated for initial claims at the time the claim was filed, supporting documents must be retained for three years from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and shall be made available to the SCO on request.

## 7. Retention of Claiming Instructions

The claiming instructions and forms in this package should be retained permanently in your Mandated Cost Manual for future reference and use in filing claims. These forms should be duplicated to meet your filing requirements. You will be notified of updated forms or changes to claiming instructions as necessary.

Questions or requests for hard copies of these instructions should be faxed to Angie Lowi-Teng at (916) 323-6527 or e-mailed to **LRSDAR@sco.ca.gov** or, if you wish, you may call the Local Reimbursements Section at (916) 324-5729.

For your reference, these and future mandated costs claiming instructions and forms can be found on the Internet at [www.sco.ca.gov/ard/local/locreim/index.shtml](http://www.sco.ca.gov/ard/local/locreim/index.shtml).

## 8. Address for Filing Claims

Claims should be rounded to the nearest dollar. Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms and supporting documents. **(To expedite the payment process, please sign the form in blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)** Use the following mailing addresses:

If delivered by  
U.S. Postal Service:

Office of the State Controller  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
P.O. Box 942850  
Sacramento, CA 94250

If delivered by  
other delivery services:

Office of the State Controller  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
3301 C Street, Suite 500  
Sacramento, CA 95816

## 9. Reimbursable Activities

For each eligible claimant, all direct and indirect costs of labor, materials and supplies, and contract services for the following activities only are eligible for reimbursement:

### A. Superintendent's Distribution of the Notice

The superintendent will receive and expeditiously transmit, upon return of the minor to school, the juvenile court notice either to the counselor having direct supervisorial or disciplinary responsibility over the minor at the school of attendance, or to the new school district of attendance.

### B. Record Retention and Destruction

School personnel shall maintain any information received from the court in a separate confidential file at the school of attendance until the minor graduates from high school, is released from juvenile court jurisdiction, or reaches the age of eighteen, or shall transfer the confidential file to the minor's subsequent school of attendance for that school's retention, whichever occurs first. For fiscal year 1994-95, school personnel shall destroy any juvenile court information contained in the confidential file 12 months after the particular information is received or the pupil returns to school, whichever occurs last. Beginning July 6, 1995, this removal and destruction is no longer required.

**C. Response to Destruction Inquiry**

The principal of the school of attendance, or the principal's designee, shall respond in writing within 30 days, to written requests of the minor or his/her parent or guardian that the minor's school record be reviewed to ensure that the record has been destroyed.

**D. Directory of Schools**

The county superintendent shall provide the court with a listing of all schools within each school district within the county, and the name and mailing address of each district superintendent.

**10. Reimbursable Method****A. Unit Cost Method**

Pursuant to Government Code Section 17557, the Commission on State Mandates has adopted a uniform cost allowance for reimbursement in lieu of actual costs incurred beginning in the fiscal year 1997-98. The uniform cost allowance is an all inclusive rate that covers all costs, direct and indirect, incurred in compliance with this mandate for **Reimbursable Activities, 6. A through C.**

- (1) The uniform cost allowance shall be \$32.00 per notice beginning with fiscal year 1997-98 for **Reimbursable Activities A. and B.** Claims shall be reimbursed based upon the number of court notices received from the juvenile court system and distributed to school district personnel, multiplied by the uniform cost allowance.
- (2) The uniform cost allowance shall be \$22.75 per request beginning with fiscal year 1997-98 for components included in **Reimbursable Activity C.** Claims shall be reimbursed based upon the number of written requests received from parents or guardians to review the record to ensure the record has been destroyed, multiplied by the uniform cost allowance.

The uniform cost allowance shall be adjusted upward or downward as appropriate, each subsequent year by the Implicit Price Deflator referenced in Government Code Section 17523. The unit cost allowance for the 1998-99 fiscal year is \$32.52 for **Reimbursable Activities A. and B.** and \$23.12 for **Reimbursable Activity C.** Refer to form JCN-1 showing the current unit cost rate that should be used for the fiscal year of costs.

**B. Actual Cost Method**

Actual costs incurred for labor and materials and supplies for the county superintendent to provide the court with a listing of all schools within each school district, within the county, along with the name and mailing address of each district superintendent as prescribed by **Reimbursable Activity D.** No uniform cost allowance has been established for this component.

**11. Reimbursement Limitations**

Any offsetting savings or reimbursement the claimant received from any source including, but not limited to, service fees collected, federal funds, and other state funds as a direct result of this mandate shall be identified and deducted so only the net local cost is claimed.

COSM has identified as a specific offset any payments received under Chapter 1011, Statutes of 1984.

**A. Form JCN-2, Activity Cost Detail**

This form is used to segregate the detailed costs by claim component. A separate form JCN-2 must be completed for each cost component being claimed. Costs reported on this form must be supported as follows:

(1) Salaries and Benefits

Identify the employee(s) and/or show the classification of each employee(s) involved. Describe the mandated functions performed by each employee and specify the actual time spent, the productive hourly rate, and related fringe benefits. In lieu of actual hours, the average number of hours devoted to each reimbursable activity may be claimed if supported by a documented time study. At the present no instructions are available for performing a time study. Therefore, it is suggested that claims be based on actual costs.

Reimbursement of personnel services includes compensation paid for salaries, wages, and employee fringe benefits. Employee fringe benefits include regular compensation paid to an employee during periods of authorized absences (e.g. annual leave, sick leave) and the employer's contribution to social security, pension plans, insurance, and workers' compensation insurance. Fringe benefits are eligible for reimbursement when distributed equitably to all job activities that the employee performs.

Source documents required to be maintained by the claimant may include, but are not limited to, employee time records that show the employee's actual time spent on this mandate.

(2) Materials and Supplies

Only expenditures that can be identified as a direct result of this mandate may be claimed. List the cost of materials consumed or expended specifically for the purpose of this mandate. The cost of materials and supplies that are not used exclusively for the mandate is limited to the pro rata portion used to comply with this mandate. Purchase shall be claimed at the actual price after deducting cash discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

Source documents required to be maintained by the claimant may include, but are not limited to, invoices, receipts, purchase orders, and other documents evidencing the validity of the expenditures.

(3) Contract Services

Contract services approved by the school district's governing board are reimbursable. Give the name(s) of the contractor(s) who performed the services. Describe the activities performed by each named contractor, actual time spent on this mandate, inclusive dates when services were performed and itemize all costs for services performed. Attach consultant invoices with the claim.

Source documents required to be maintained by the claimant may include, but are not limited to, contracts, invoices, and other documents evidencing the validity of the expenditures.

For audit purposes all supporting documents must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. If no funds were appropriated for the initial claim at the time the claim was filed, supporting documents must be retained for two years from the date of the initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

**B. Form JCN-1, Claim Summary**

This form is used to compute costs for **6. Reimbursable Activities A, B, and C** using the Unit Cost Method and to summarize direct costs for **6. Reimbursable Activity D** using the Actual Cost Method.

The direct costs summarized on this form for **6. Reimbursable Activity D**, are derived from form JCN-2. The total costs on this form are carried forward to form FAM-27. Claim statistics shall identify the work performed for costs claimed. The claimant must give (1) the average daily attendance for the fiscal year of claim and (2) the number of juvenile court notices received during the fiscal year of claim.

School districts and local boards of education may compute the amount of indirect costs utilizing the State Department of Education's Annual Program Cost Data Report J-380 or J-580 rate, as applicable. The cost data on this form is carried forward to form FAM-27.

**C. Form FAM-27, Claim for Payment**

This form contains a certification that must be signed by an authorized representative of the local agency. All applicable information from form JCN-1 must be carried forward to this form for the State Controller's Office to process the claim for payment.

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------|--|
| <b>CLAIM FOR PAYMENT</b><br><b>Pursuant to Government Code Section 17561</b><br><b>JUVENILE COURT NOTICES II</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                             | <b>For State Controller Use Only</b><br>(19) Program Number 00155<br>(20) Date Filed<br>(21) LRS Input |  | <b>PROGRAM</b><br><div style="font-size: 2em; font-weight: bold; margin-top: 10px;">155</div> |  |
| (01) Claimant Identification Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |                                             | <b>Reimbursement Claim Data</b>                                                                        |  |                                                                                               |  |
| (02) Claimant Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                                             | (22) Form-1, (03)(a)                                                                                   |  |                                                                                               |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                             | (23) Form-1, (03)(b)                                                                                   |  |                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                             | (24) Form-1, (03)(c)                                                                                   |  |                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |                                             | (25) Form-1, (04)                                                                                      |  |                                                                                               |  |
| <b>Type of Claim</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Estimated Claim</b> | <b>Reimbursement Claim</b>                  | (26) Form-1, (05)                                                                                      |  |                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (03)                   | (09) Reimbursement <input type="checkbox"/> | (27) Form-1, (06)                                                                                      |  |                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (04)                   | (10) Combined <input type="checkbox"/>      | (28) Form-1, (08)                                                                                      |  |                                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (05)                   | (11) Amended <input type="checkbox"/>       | (29) Form-1, (09)                                                                                      |  |                                                                                               |  |
| <b>Fiscal Year of Cost</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (06)                   | (12)                                        | (30) Form-1, (10)                                                                                      |  |                                                                                               |  |
| <b>Total Claimed Amount</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (07)                   | (13)                                        | (31) Form-1, (12)                                                                                      |  |                                                                                               |  |
| Less: <b>10% Late Penalty (Refer to claim instructions)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        | (14)                                        | (32) Form-1, (13)                                                                                      |  |                                                                                               |  |
| Less: <b>Prior Claim Payment Received</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        | (15)                                        | (33)                                                                                                   |  |                                                                                               |  |
| <b>Net Claimed Amount</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        | (16)                                        | (34)                                                                                                   |  |                                                                                               |  |
| <b>Due from State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (08)                   | (17)                                        | (35)                                                                                                   |  |                                                                                               |  |
| <b>Due to State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        | (18)                                        | (36)                                                                                                   |  |                                                                                               |  |
| <b>(37) CERTIFICATION OF CLAIM</b><br><br><p>In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the school district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amounts for Reimbursement Claim are hereby claimed from the State for payment of actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">           Signature of Authorized Officer<br/><br/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> </div> <div style="width: 45%;">           Date<br/><br/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">           Type or Print Name<br/><br/>           (38) Name of Contact Person for Claim<br/><br/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> </div> <div style="width: 45%;">           Title<br/><br/>           Telephone Number<br/><br/>           E-mail Address<br/><br/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> </div> </div> |                        |                                             |                                                                                                        |  |                                                                                               |  |

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|------------------------------|--------------------------------------------------------------------------------------------|------------------------------|
| <b>Program</b><br><b>155</b> | <b>JUVENILE COURT NOTICES II</b><br><b>Certification Claim Form</b><br><b>Instructions</b> | <b>FORM</b><br><b>FAM-27</b> |
|------------------------------|--------------------------------------------------------------------------------------------|------------------------------|

- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) Leave blank.
- (04) Leave blank.
- (05) Leave blank.
- (06) Leave blank.
- (07) Leave blank.
- (08) Leave blank.
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim from Form-1, line (14). The total claimed amount must exceed \$1,000.
- (14) Reimbursement claims must be filed by **February 15** of the following fiscal year in which costs were incurred; or the claims will be reduced by a late penalty. Enter zero if the claim was timely filed, otherwise, enter the product of multiplying line (13) by the factor 0.10 (10% penalty), not to exceed \$10,000.
- (15) If filing a reimbursement claim or a claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., Form-1, (03)(a), means the information is located on Form-1, block (03), column (a). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 7.548% should be shown as 8. **Completion of this data block will expedite the payment process.**
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the district's authorized officer, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package).**
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

**SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:**

***Address, if delivered by U.S. Postal Service:***

**OFFICE OF THE STATE CONTROLLER  
 ATTN: Local Reimbursements Section  
 Division of Accounting and Reporting  
 P.O. Box 942850  
 Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**OFFICE OF THE STATE CONTROLLER  
 ATTN: Local Reimbursements Section  
 Division of Accounting and Reporting  
 3301 C Street, Suite 500  
 Sacramento, CA 95816**



|                                                                                             |                                                                                   |                        |                                 |                   |                             |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------|---------------------------------|-------------------|-----------------------------|
| <b>Program</b><br><br><b>155</b>                                                            | <b>MANDATED COSTS</b><br><b>JUVENILE COURT NOTICES II</b><br><b>CLAIM SUMMARY</b> |                        |                                 |                   | <b>FORM</b><br><br><b>1</b> |
| (01) Claimant                                                                               |                                                                                   |                        | (02) Fiscal Year<br>____ / ____ |                   |                             |
| <b>Claim Statistics</b>                                                                     |                                                                                   |                        |                                 |                   |                             |
| (03) (a) Average daily attendance (ADA) for the fiscal year                                 |                                                                                   |                        |                                 |                   |                             |
| (b) Number of juvenile court notices received during the fiscal year                        |                                                                                   |                        |                                 |                   |                             |
| (c) Number of written requests received for destruction inquiry during fiscal year of claim |                                                                                   |                        |                                 |                   |                             |
| <b>Unit Cost Method – Reimbursable Activities A, B, and C</b>                               |                                                                                   |                        |                                 |                   |                             |
| (04) Cost of (03)(b) [Line (03)(b) x rate]                                                  |                                                                                   |                        |                                 |                   |                             |
| (05) Cost of (03)(c) [Line (03)(c) x rate]                                                  |                                                                                   |                        |                                 |                   |                             |
| (06) Total Costs [Line (04) + line (05)]                                                    |                                                                                   |                        |                                 |                   |                             |
| <b>Actual Cost Method – Reimbursement Activity D</b>                                        |                                                                                   |                        |                                 |                   |                             |
| <b>Direct Costs</b>                                                                         |                                                                                   | <b>Object Accounts</b> |                                 |                   |                             |
|                                                                                             |                                                                                   | (a)                    | (b)                             | (c)               | (d)                         |
| (07) Reimbursable Activities                                                                |                                                                                   | Salaries and Benefits  | Materials and Supplies          | Contract Services | Total                       |
| A. Directory of Schools                                                                     |                                                                                   |                        |                                 |                   |                             |
| (08) Total Direct Costs                                                                     |                                                                                   |                        |                                 |                   |                             |
| <b>Indirect Costs</b>                                                                       |                                                                                   |                        |                                 |                   |                             |
| (09) Indirect Cost Rate [From J-380 or J-580]                                               |                                                                                   |                        |                                 |                   | %                           |
| (10) Total Indirect Costs [Line (08)(a) x line (09)]                                        |                                                                                   |                        |                                 |                   |                             |
| (11) Total Direct and Indirect Costs [Line (06) + line (08)(d) + line (10)]                 |                                                                                   |                        |                                 |                   |                             |
| <b>Cost Reduction</b>                                                                       |                                                                                   |                        |                                 |                   |                             |
| (12) Less: Offsetting Savings                                                               |                                                                                   |                        |                                 |                   |                             |
| (13) Less: Other Reimbursements                                                             |                                                                                   |                        |                                 |                   |                             |
| (14) Total Claimed Amount [Line (09) - {(line (10) + line (11))}]                           |                                                                                   |                        |                                 |                   |                             |

|                                  |                                                                                   |                             |
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| <b>Program</b><br><br><b>155</b> | <b>MANDATED COSTS</b><br><b>JUVENILE COURT NOTICES II</b><br><b>CLAIM SUMMARY</b> | <b>FORM</b><br><br><b>1</b> |
|----------------------------------|-----------------------------------------------------------------------------------|-----------------------------|

- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of claim.
- (03) (a) Enter the average daily attendance (ADA) for the fiscal year of claim.
- (b) Enter the number of juvenile court notices received during the fiscal year of claim.
- (c) Enter the number of written requests that were received during the fiscal year of claim regarding destruction inquiry.
- (04) Total Cost of (03)(b). Enter the product of the number of juvenile court notices received, line (03)(b), times the unit cost allowance per court notice, for the fiscal year (\$48.29 for 2007-08 fiscal year).
- (05) Total Cost of (03)(c). Enter the product of the number of written requests received from parents or guardians to review the records, times the unit cost allowance per inquiry for the fiscal year (\$34.33 for 2007-08 fiscal year).
- (06) Enter the total costs by adding lines (04) and (05).
- (07) Reimbursable Activities. For each reimbursable activity, enter the totals from Form 2, line (05), columns (d) through (f) to Form 1, block (07), columns (a) through (c) in the appropriate row. Total each row.
- (08) Total Direct Costs. Total columns (a) through (d).
- (09) Indirect Cost Rate. Enter the indirect cost rate from the Department of Education form J-380 or J-580, as applicable, for the fiscal year of costs.
- (10) Total Indirect Costs. Enter the product of multiplying Total Salaries and Benefits, line (08)(a), by the Indirect Cost Rate, line (09).
- (11) Total Direct and Indirect Costs. Enter the sum of Total Costs, line (06), Total Direct Costs (08)(d), and Total Indirect Costs, line (10).
- (12) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (13) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (14) Total Claimed Amount. Line (11) less the sum of line (12) plus line (13). Enter the total on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

|                                                                                                   |                                                                                          |                                          |                                    |                                     |                             |                             |
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| <b>Program</b><br><br><b>155</b>                                                                  | <b>MANDATED COSTS</b><br><b>JUVENILE COURT NOTICES II</b><br><b>ACTIVITY COST DETAIL</b> |                                          |                                    |                                     |                             | <b>FORM</b><br><br><b>2</b> |
| (01) Claimant                                                                                     |                                                                                          |                                          | (02) Fiscal Year                   |                                     |                             |                             |
| (03) Reimbursable Activity: Directory of Schools                                                  |                                                                                          |                                          |                                    |                                     |                             |                             |
| (04) Description of Expenses: Complete columns (a) through (f)                                    |                                                                                          |                                          |                                    | <b>Object Accounts</b>              |                             |                             |
| (a)<br>Employee Names, Job<br>Classifications, Functions Performed<br>and Description of Expenses | (b)<br>Hours<br>Worked or<br>Quantity                                                    | (c)<br>Hours<br>Worked<br>or<br>Quantity | (d)<br>Salaries<br>and<br>Benefits | (e)<br>Materials<br>and<br>Supplies | (f)<br>Contract<br>Services |                             |
|                                                                                                   |                                                                                          |                                          |                                    |                                     |                             |                             |
| (05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: ____ of ____          |                                                                                          |                                          |                                    |                                     |                             |                             |

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| <b>Program</b><br><br><b>155</b> | <b>JUVENILE COURT NOTICES II</b><br><br><b>ACTIVITY COST DETAIL</b><br><br><b>Instructions</b> | <b>FORM</b><br><br><b>2</b> |
|----------------------------------|------------------------------------------------------------------------------------------------|-----------------------------|

- (01) Claimant. Enter the name of the claimant.
- (02) Fiscal Year. Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Activity. Directory of Schools.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, and contract services, expenses. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit will be from the date of initial payment of the claim. Such documents must be made available to SCO on request.

| Object/<br>Sub object<br>Accounts | Columns                                        |              |                                            |                                             |                                        |                                            | Submit supporting<br>documents with the<br>claim |
|-----------------------------------|------------------------------------------------|--------------|--------------------------------------------|---------------------------------------------|----------------------------------------|--------------------------------------------|--------------------------------------------------|
|                                   | (a)                                            | (b)          | (c)                                        | (d)                                         | (e)                                    | (f)                                        |                                                  |
| <b>Salaries and Benefits</b>      |                                                |              |                                            |                                             |                                        |                                            |                                                  |
| Salaries                          | Employee Name/Title                            | Hourly Rate  | Hours Worked                               | Salaries =<br>Hourly Rate<br>x Hours Worked |                                        |                                            |                                                  |
| Benefits                          | Activities Performed                           | Benefit Rate | Hours Worked                               | Benefits =<br>Benefit Rate<br>x Salaries    |                                        |                                            |                                                  |
| <b>Materials and Supplies</b>     | Description of Supplies Used                   | Unit Cost    | Quantity Used                              |                                             | Cost =<br>Unit Cost<br>x Quantity Used |                                            |                                                  |
| <b>Contract Services</b>          | Name of Contractor<br>Specific Tasks Performed | Hourly Rate  | Hours Worked<br>Inclusive Dates of Service |                                             |                                        | Cost =<br>Hourly Rate<br>X<br>Hours Worked | Copy of Contract and Invoices                    |

- (05) Total line (04), columns (d) through (f) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. Enter the totals from line (05), columns (d) through (f) to Form 1, block (07), columns (a) through (c) in the appropriate row. Total each row.